

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18	/					
19		/				
20		/				
21		/				
22	/					
23	/					
24	/					
25	/					
26		/				
27		/				
28		/				
29		/				
30		/				
31	/					
32		/				
33		/				
34		/				
35		/				
36		/				
37		/				
38		/				
39		/				
40	/					
41		/				
42		/				
43	/					
44	/					
45	/					
46	/					
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	16					
TOTAL DEP.	102					
TOTAL CLAIMS	118					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		3				
52		3				
53		3				
54		1				
55		1				
56		3				
57	/	3				
58		1				
59		1				
60		3				
61	/	3				
62		1				
63		1				
64		1				
65		1				
66		1				
67		1				
68	/					
69						
70						
71						
72						
73						
74						
75	/					
76						
77						
78						
79						
80						
81						
82	/					
83						
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						